

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000087809

FILED
Jan 15, 2007
Secretary of State

Entity Name: SOUTHERNMOST INSURANCE AGENCY, INC.

Current Principal Place of Business:

1104 TRUMAN AVE.
KEY WEST, FL 33040

New Principal Place of Business:

1010 KENNEDY DRIVE
SUITE 300
KEY WEST, FL 33040 US

Current Mailing Address:

1104 TRUMAN AVE.
KEY WEST, FL 33040

New Mailing Address:

1010 KENNEDY DRIVE
SUITE 300
KEY WEST, FL 33040 US

FEI Number: 65-0625963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUJAN, A WAYNE
1104 TRUMAN AVE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

LUJAN, A WAYNE
1010 KENNEDY DRIVE
SUITE 300
KEY WEST, FL 33040 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: A. WAYNE LUJAN

01/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LUJAN, A. WAYNE MR.
Address: 1104 TRUMAN AVE.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LUJAN, A. WAYNE MR.
Address: 1010 KENNEDY DRIVE, SUITE 300
City-St-Zip: KEY WEST, FL 33040 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. WAYNE LUJAN

PRES

01/15/2007

Electronic Signature of Signing Officer or Director

Date